	J 90 10ma	THE DIVISION OF HE					(Alla)
· ·	R 20 1950	STANDARD CERTIF	FICATE OF DE	ATH	State	File No	77
BIRTH NO		_ REG. DIST. NO42	PRIMARY REG. DIST.	. no. <u>1</u>	000 _{Regi}	strar's No.	302
1. PLACE OF DEA	ATH		1 2. USUAL RESID	DENCE (W	here decessed I	ived. If in	stitution: r
a. COUNTY			II a STATE .	ssouri	ь. СО	Buch	
b. CITY (If outside co	uchanan	URAL and give C. LENGTH OF				Ducii	<u>anan</u>
_OR		URAL and give C. LENGIH OF township) STAY (in this place	C. CITY (If outside on OR			ini cive town	oship)
	t. Joseph		TOWN S	t. Jos	eph_		[:[/ [
d. FULL NAME OF ((If not in bospital or in	stitution, give street address or location)	d. STREET		dve location)		13
HOSPITAL OR INSTITUTION	1121 Pow	vell	ADDRESS	1121 F	owell		0
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		4. DATE	(Month)	(Day)
DECEASED (Type or Print)	Barr		Commad	1	OF DEATH	2/12	/50
	hoy		Garrod			2/12	, , , , _ _
	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Bpedix)	8. DATE OF BIRTH	l l	9. AGE (In yes	Months	Days H
male //	white	married /	9/15/1870	3	79	15	27
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	II. BIRTHPLACE (State	e or foreign ou	untry)		12. CITIZ
done during most of working carpente		DUSTRY	Oxford.			ł	COUNT
ISa. FATHER'S NAME		136. MOTHER'S MAIDEN	· · · · · · · · /				
JE. PAINER S NAME	_	_			MAGRUH, 70 B		E
Robert J.	<u>Garrod</u>	Isadore Cl		Mar	<u>y Garr</u>	.og	
15. WAS DECEASED EVE	ER IN U.S. ARMED Fi I yee, give war or dates o		17. INFORMANT	S SIGNA	TURE OR N		A
no	yes, give war or dates o	none	Mrs. Mary	Garro	ođ	St.	Josep
18. CAUSE OF DEATH	•	MEDICAL (CERTIFICATION				INTERV
Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADIN	NDITION (TO	·	1		ONSET
line for (a), (b), and (c)	DIRECTLY LEADIN	NG TO DEATH*(a)	- 12 12 C	me	- In		- /2
*This does not mean	ANTECEDENT CAL	USES		0 1			1.7
the mode of dring, such	Morbid conditions	, if any, giving DUE TO (b)	Zonan.	<u> Sul</u>	enou	,	1/2
as heart failure, asthenia,	rise to the above can the underlying caus	use (a) stating		• • •	~;_, .	:-	~?
etc. It means the dis-	the underlying caus	pue to (c)	- ten				6
case, injury, or complica- tion which caused death.	IL OTHER SIGNIE	ICANT CONDITIONS			بالمال	·	-
tion which courses assum. I							1 11
	related to the disease	uting to the death but not se or condition causing death.					14
19a. DATE OF OPERA-		using to the death out not the or condition causing death. INGS OF OPERATION	· · · · · · · · · · · · · · · · · · ·	· • •			20. AUT
19a. DATE OF OPERA- TION			 	- .		•	1 6
TION	196. MAJOR FIND	INGS OF OPERATION	21c. (CITY TOWN OR	TOWNSHIP	(C)	OUNTY	YES [
TION	19b. MAJOR FIND		21c. (CITY, TOWN, OR	TOWNSHIP)	(C	OUNTY)	1 6
TION 21a. ACCIDENT SUICIDE HOMICIDE	(Specity) 2	PINGS OF OPERATION The PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.)		<u>.</u>	(0	OUNTY)	YES [
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME ** '(Month)	(Specity) 2	INGS OF OPERATION The PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.) Hour) 21e., INJURY OCCURRED	21c. (CITY, TOWN, OR	<u>.</u>	(CA	OUNTY)	YES [
TION 21a. ACCIDENT SUICIDE HOMICIDE	(Specity) 2	PINGS OF OPERATION The PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.)		<u>.</u>	(C)	OUNTY)	YES [
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME - '(Month) OF INJURY	(Specity) 2 h	CID. PLACE OF INJURY (e.g., in or about tome, farm, factory, etrest, office bldg., etc.) HOURY 21e., INJURY OCCURRED WHILE AT NOT WHILE MORK	21f. HOW DID INJURY	Y OCCUR7			YES [
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME '(Month) OF INJURY 22. I hereby certify t.	(Specity) 2 be (Day) (Year) (Hat I attended the	INGS OF OPERATION III. PLACE OF INJURY (e.g., in or about tome, farm, factory, etrest, office bldg., etc.) Hour) WHILE AT NOT WHILE WORK AT WORK AT WORK	211. HOW DID INJURY	Y OCCURT	1, 19 50	that I las	YES (S
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify t. alive on//	(Specity) 2 be (Day) (Year) (Hat I attended the	Cib. PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.) Gour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK 2. and that death occurred at	211. HOW DID INJURY 12. 19.49, to 12. 5:07Am., from t	Y OCCURT	1, 19 50	that I las	YES [S
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME '(Month) OF INJURY 22. I hereby certify t.	(Specity) 2 be (Day) (Year) (Hat I attended the	INGS OF OPERATION III. PLACE OF INJURY (e.g., in or about tome, farm, factory, etrest, office bldg., etc.) Hour) WHILE AT NOT WHILE WORK AT WORK AT WORK	211. HOW DID INJURY 12. 19.49, to 12. 5:07Am., from t	Y OCCURT	1, 19 50	that I las	YES (S
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify t. alive on // Marth 23a. SIGNATURE	(Specity) 2 he (Par) (Year) (Hat I attended the 1 ARE H, 1956	HINGS OF OPERATION The PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.) HOUR) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT NORK The deceased from 13 APRI 2, and that death occurred at the control of the cont	21f. HOW DID INJURY 5:07A m., from t	AAA CA	4, 19 50, and on the	that I las	st saw the dabove.
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify t. alive on // Marth 23a. SIGNATURE	(Specity) 2 he (Par) (Year) (Hat I attended the 1 ARE H, 1956	Cib. PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.) Gour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK 2. and that death occurred at	21f. HOW DID INJURY 5:07A m., from t	AAA CA	1, 19 50	that I las	st saw the dabove.
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify t. alive on// 23a. SIGNATURE 24a. BURIAL. CREMATION, REMOVAL (Specify)	(Specity) 2 h (Day) (Year) (B that I attended the ARRELL, 195	HINGS OF OPERATION The PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.) HOUZ) 21e., INJURY OCCURRED WHILE AT NOT WHILE MY WORK AT WORK AND	21f. HOW DID INJURY 21f. HOW DID INJURY 5:07A m., from to 22b. ADDRESS RY OR CREMATORY	MAR CI	and on the common to the common (City, to	that I las	yes [S
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify t. alive on// 23a. SIGNATURE 24a. BURIAL. CREMATION, REMOVAL (Specifical Control of the control	(Specity) 2 h (Par) (Hat I attended the TARE 14, 1954 24b. DATE 3/14/5	Sings of Operation Sib. PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.) Flour) 21e., INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK At work C, and that death occurred at Coeffice or titley 24c. NAME OF CEMETER WE MODE TO THE TEMESTREE Memorial P	21f. HOW DID INJURY 5:07Am., from to 23b. ADDRESS RY OR CREMATORY ark	MARCI the causes 24d. LOCAT	4, 19 50, and on the	that I las	yes [si saw the dabove. 23c. DA /3 hours]
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify t. alive on// 23a. SIGNATURE 24a. BURIAL. CREMATION, REMOVAL (Specify)	(Specity) (Specity) (Par) (Year) (Dar) (Year) (Battended the ARCH, 195 Ab. DATE 3/14/5 REGISTRAR'S SH	HINGS OF OPERATION The PLACE OF INJURY (e.g., in or about tome, farm, factory, street, office bldg., etc.) Flour) 21e., INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK C, and that death occurred at Congress or titley 24c. NAME OF CEMETER WE ME OF CEMETER WE ME OF CEMETER WE ME OF CEMETER TO TEMETER TO THE OF THE	211. HOW DID INJURY 211. HOW DID INJURY 211. 19 49, to 12 5:07Am., from to 23b. ADDRESS 23b. ADDRESS 23c. ADDRESS 23c. ADDRESS 23c. ADDRESS 23c. ADDRESS 23c. ADDRESS 24c. ADDRESS 24c. ADDRESS 25c. ADD	MARCI the causes 24d. LOCAT	I, 19 50, and on the control of the	that I las	yes [S

Kr. C. C. De Drand - 2-5776 Nagasa Bonso

STATEMENT	BY	LICENSED	EMBALMER	

I hereby certify that the body whose name is recorded o	on the reverse side	of this certificate v	vas embalmed by me, o	r by
***************************************		, Student	Embalmer No	**************************************
working under my personal supervision.	_	En	e Wood	1
	Signed	سرر ہے۔		•

Licensed Embalmer No. 5809

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Student Embalmer

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.